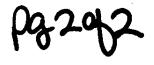
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99 0000 49229 1. Entity Name Concept Solutions, Incorporated FILED 00 OCT -9 PM 12: 53 Principal Place of Business SECRETARY OF STATE 13505 Summit Avenue P.O.Box 22483 13505 Jummii 11001112 Tampa, Florida 33613 Tampa, Florida 33687-2483 TALLAHASSEE, FLORIDA 3. Mailing Address Principal Place of Business 3505 Summit Avenue P. J. Box 292 483 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Horlda Not Applicable Jampa \$8.75 Additional 5. Certificate of Status Desired  $\Box$  . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent William A. Vasden Street Address (P.O. Box Number is Not Acceptable) 13505 Summit Avenue TampA, FL 33613 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \_10.\_Election.Campaign Financing \$5.00-May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE TITLE 500003438045-13505 Summit Avenue NAME NAME -10/24/00--01092--003 STREET ADDRESS STREET ADDRESS CITY-ST-7IP \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIP Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and final my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empo withfall oth changed, or on an attachment with an address SIGNATURE:

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September 11, 2000

Express Mail # EK588201958US

Division of Corporations
409 East Gaines Street
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

My Accountant has expressed grave concerns regarding a Uniform Business Report filing of which I have no information. To my knowledge I have never received any correspondence regarding such a report. In lieu of an actual report please utilize the information within this letter. Our street address follows:

Concept Solutions, Incorporated 13505 Summit Avenue Tampa, Florida 33613

Our mailing address is also listed below at P. O. Box 292483, Tampa, FL 33687-2483 and our telephone number is (813) 558-8423. Our articles of incorporation were filed May 26, 1999 and the document number is P99000049229. Our Federal Employer Identification number is 59-3587959. I have included a check for \$150.00 for our filing fee.

If there are any questions whatsoever please feel free to contact me. Thank you in advance for your gracious consideration in this matter.

Respectfully.

William A. Vasden, President and Current Registered Agent